Resident Assessment Instrument and Minimum Data Set (MDS) Automation

This memo addresses the current status of Minimum Data Set (MDS) automation and the Resident Assessment Instrument (RAI). If you have any further questions regarding this issue, please contact Billie March, RAI Coordinator, Bureau of Quality Assurance, at (608) 266-7188 or Richard Betz, MDS Automation Coordinator, at (608) 264-9898.

Attached to this memo is a copy of: **MDS Forms MDS 2.0 01/30/98**

MDS Form Has Changes

The Health Care Financing Administration has issued a new resident assessment form, **Version 1/30/98.** This is a change from the information provided in the memo DSL-BQA 98-009, February 6, 1998.

The new MDS 2.0 resident assessment form, **Version 1/30/98,** is the form that must be used when the final rule is effective, June 22, 1998. Wisconsin also requires Section S with each full MDS.

A copy of this form, including Wisconsin's Section S, is attached to this memo. The form can also be found on the World Wide Web at:

http://www.hcfa.gov/medicare/hsqb/mds20

Successful MDS Transmissions

Congratulations to the more than 80 nursing homes that have successfully transmitted MDS test data to us!

Automation Testing Questions

Our facility just started to use MDS software. Do we have to encode and submit all assessments completed since November 1, 1997?

No. For facilities that began to use the MDS software after 11/1/97, submit any completed assessments you have encoded. If you are just starting to use the MDS software, please encode and submit at least 5-10 assessments of each type (*Admissions, Annual, Significant Change in Status, Quarterly Review*, *Basic Assessment Tracking, Discharge Tracking and Reentry Tracking* forms.) This will make it possible to assess the validation reports for each record type to ensure that your MDS software conforms to all applicable data specifications.

We can't seem to access the state MDS system from the Internet.

The state MDS system is **not** accessible via the **Internet**. You cannot establish an Internet connection and "Go To" the MDS site address. You must access the state system directly, using the dedicated toll-free telephone line established for this purpose. The toll-free telephone number is **1-888-366-5679**. The MDS automated system is an **Intranet** system; this affords the confidentiality that is required by federal and state requirements.

See the *Long Term Care Facility Users' Manual 4.1* for directions on how to configure your Netscape software and how to dial up the state system.

When submitting our MDS data, we received an error stating that our *Medicaid provider number* does not match the state's database. What is the problem?

Currently, this error should be ignored, as the state database does not contain the *Medicaid provider number* for any nursing home. The *Medicaid provider number* will be entered into the system by June 22, 1998.

During the MDS testing period, must we make all the corrections indicated on the error reports and re-submit the corrected records?

No. The purpose of submitting data prior to June 22, 1998, is to test the transmission process. However, you will want to review any errors in the *Initial Feedback* and *Final Validation Reports* and make any necessary changes so the errors do not recur once transmission is required.

After you have successfully tested your MDS transmission process, you may want to continue to submit MDS data to: 1) verify error corrections; and 2) develop proficiencies in the MDS submission process.

Can you please explain what a *dedicated phone line* means?

A *dedicated phone line* is directly connected to the telephone service provider. This means that the line does not go through a switchboard. This line could be available for other limited uses.

We're getting error messages that say our records are out of sequence. What does this mean?

The system includes edits to ensure that any *Quarterly Review Assessment* or *Significant Change in Status Assessment* is preceded by a *Full Assessment*. If your test files include *Quarterly Review Assessments* or *Significant Change in Status Assessments,* and you are not submitting a previously completed *Full Assessment,* you will get an error message for each record. Once you are submitting production data and have a full assessment on file for each resident, these sequencing errors will no longer occur.

During the MDS transmission testing we have been disconnected several times. Did other facilities have the same problem?

A frequent reason for disconnect has been that the timer on the dialer on the facility's modem has not been set to allow enough time for full data transmission. You can eliminate this problem by resetting the timer on the dialer to allow for adequate transmission time.

To minimize long distance charges, the state's communication server is programmed to disconnect after 15 minutes of inactivity on the phone line. It will not disconnect during transmission activity.

Does Wisconsin have a Web site for MDS information?

Yes. Answers to frequently asked questions will be posted on the World Wide Web at:

http://www.dhfs.state.wi.us/Reg_licens/DSLprog/NHs/NHwhats.htm

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Advancing Technology

Minimum facility hardware specifications have been updated, as Netscape Personal Edition 2.0 is no longer available. The minimum requirements are based on **Netscape Personal Edition 3.0.**

These facility hardware specifications were noted at the February 19, 1998, HCFA Automation of MDS Video teleconference.

<u>**Recommended Facility Hardware Specifications**</u>**:**
- ➢ Pentium 166
- ➢ Windows 95
- ➢ 32 MB RAM
- ➢ 1.6 GB hard drive
- ➢ 24X CDOM
- ➢ 28.8 modem

<u>Minimum Facility Hardware Specifications</u>:
- ➢ 486 DX 66
- ➢ Windows 3.1
- ➢ 8 MB RAM
- ➢ 500 MB hard drive CD-ROM
- ➢ 14.4 modem

Expect up-grade requirements with the changing environment of 'computerism.'

RAVEN

What is RAVEN?

RAVEN (Resident Assessment Verification and ENtry) is the Health Care Financing Administration's (HCFA) Minimum Data Set (MDS) data entry system. Facilities that do not currently use MDS software may want to use RAVEN. This system offers long-term care facilities the ability to collect MDS assessment information in a database and transmit that information in HCFA-standard format to the State database. The data entry software imports and exports data in a standard MDS record format, maintains facility, resident, and employee information, enforces data integrity via rigorous edit checks and provides comprehensive on-line help. It includes a data dictionary, Resource Utilization Groups (RUGs) and Resident Assessment Protocols (RAPs) calculators, and the state's HCFA approved Section S form.

The RAVEN software is available by downloading it from the HCFA WEB site at:
http://www.hcfa.gov/medicare/hsqb/mds20

The Iowa Foundation for Medical Care (IFMC) will provide technical support for the RAVEN system. Please call IFMC at **1-800-339-9313** for assistance.

Resident Notification

It will be necessary for providers to inform residents about the automation and electronic transmission of the MDS. The data is part of the LTC MDS system of records and is subject to the Privacy Act of 1974.

The Health Care Financing Administration (HCFA) will provide the necessary information to State agencies in a States Operation Manual (SOM) that will be issued later this spring. The Bureau of Quality Assurance will provide this information to facilities when it is received.

Medicare Prospective Payment System (PPS)

The Balanced Budget Act, 1997, requires that the Health Care Financing Administration (HCFA) implement a Prospective Payment System (PPS) using MDS information for Skilled Nursing Facilities (SNFs). This provision requires collection of MDS information for cost reporting periods starting July 1, 1998.

The PPS regulations are being developed by HCFA and will be published later this spring.

Information in advance of the regulations:
➢ More frequent full MDS assessments will be required for residents receiving Medicare, including Medicare 5-day assessment, Medicare 14-day, Medicare 30-day assessment, and Medicare 60-day assessment.
➢ All required Medicare assessment will require that a Full MDS Assessment form be completed, including the Medicare 90-day assessment.
➢ Not all Medicare assessments will require the Resident Assessment Protocols (RAPs).

MDS Coding Questions

When coding at Section P, Special Treatments and Procedures, Item 4, if a bed side-rail is not used as a restraint do I still code the use of the bed side-rail?

Yes. Record objective data on the MDS, that is, you would code the use of a bed side-rail if it is used during the assessment reference period. The item does not ask the assessor to evaluate why the device is being used. If a bed side-rail (of any size) is used for bed mobility or transfer you would also code at Section G 6, item b, Physical Functioning and Structural Problems-Modes of Transfer.

It should be noted that coding the use of bed rails at Section P 4 a or b does **not** trigger the Resident Assessment Protocol (RAP) for restraints.

Our MDS-medical record software allows our facility to complete the *Resident Census and Conditions of Residents* (HCFA Form-672), and the *Roster/Sample Matrix* (HCFA Form-802). Should we code all bed side-rails as restraints when completing these forms?

To code the *Resident Census and Conditions of Residents* (HCFA Form-672) Section B, Mobility, data items F104 and F105, *Physically restrained*, count bed side-rails as a restraint **only** when it is used as a restraint.

The same logic applies when coding at item #12 on the *Roster/Sample Matrix* (HCFA Form-802). Count only the bed side-rails that are used as restraints. Do not count a bed side-rail that is used only for bed mobility or transfer and does not restrain the resident.

This means that you cannot directly extract the information coded on the MDS at Section P 4, Devices and Restraints to complete the HCFA Form-802 and HCFA Form-672. To accurately complete the *Resident Census and Conditions of Residents* and the *Roster/Sample Matrix* forms, you may need to manually calculate these data elements to give an accurate report of the number of residents who are using restraints in your facility.

**Related Training in the
BASIC Resident Assessment Instrument (RAI)
Minimum Data Set (MDS)**

The Bureau of Quality Assurance is planning three Basic Resident Assessment Instrument (RAI) Training Programs. These programs will be presented at three statewide locations in June 1998. The target audience for this RAI training is: persons new to using the RAI, persons who need a refresher in using the instrument, hospice staff who have patients in a nursing home, and swing-bed hospital staff who are interested in learning about the RAI.

The focus of this training program will be to use the RAI as a clinical assessment tool. The program will discuss: RAI requirements, coding the Minimum Data Set (MDS), triggering logic, determination of a significant change of status, use of the Resident Assessment Protocols (RAPs) and documentation.

- June 17, 1998 – Eau Claire
- June 23, 1998 – Madison
- June 24, 1998 – Fond du Lac

A training announcement and registration form will be mailed to all nursing homes, hospitals, and hospice agencies in April.

ORDERING INFORMATION

Long Term Care Resident Assessment Instrument (RAI) User's Manual. The cost per copy, including postage, is $8.20 for tax exempt organizations and $8.51 for all others.

Minimum Data Set (MDS) System – Long Term Care Facility User's Manual, Version 4.1. December 1997. The cost per copy, including postage, is $2.77 for tax exempt organizations and $2.92 for all others.

Please make your check payable to the **Division of Supportive Living** and mail to:

Division of Supportive Living
Bureau of Quality Assurance
Attention: Barb Carey
P.O. Box 309
Madison WI 53701

Walk-in costs are less postage.